



## Financial Institution Authorization for Electronic Delivery of Levy Documents

This form authorizes the Wisconsin Department of Revenue to electronically deliver all levy documents to the financial institution listed below through *My Tax Account* (eLevy). The completed form should be returned to:

Mail: Financial Record Matching & Levy Unit  
Wisconsin Department of Revenue  
PO Box 8901  
Madison WI 53708-8901

Fax: 608-223-6541

Email: [DORFinancialRecordMatching@revenue.wi.gov](mailto:DORFinancialRecordMatching@revenue.wi.gov)

Request Type  
(check one):

☐

New Authorization

☐

Change Information

☐

Cancel Electronic Delivery  
(no signature required)

*\* Required Field*

Financial Institution Data			
Name of Financial Institution*			
Levy Delivery Mailing Address			Levy Processing Fax Number (    )
City	State	Zip	
Primary Levy Contact Name	Email		Phone (    )
Secondary Levy Contact Name	Email		Phone (    )

Do you currently have at least one user with access to eLevy?\*

☐

Yes

☐

No – DOR will contact to establish access before completing request

Enter the email address that automated notifications of new documents should be sent to:\*

*I certify that the above named financial institution is requesting and agreeing to electronic delivery of all levy documents from the Wisconsin Department of Revenue and understand that no physical documents will be delivered once this request is processed. The above named financial institution acknowledges that this request and agreement does not waive the responsibilities of the financial institution under section 71.91(6), Wis. Stats., in any way.*

*I further certify that I am an officer or employee of the above named financial institution with proper authority to execute this request and agreement.*

Signature*	Title*	Date*
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